

**Bureau of Naturopathic Medicine**

1625 North Market Blvd., Suite S-202, Sacramento, CA 95834  
P 916/574-7991 F 916/574-8645 | [www.naturopathic.ca.gov](http://www.naturopathic.ca.gov)



## LICENSE RENEWAL NOTICE

NAME: (Name of Licensee)

License Number:

License Expires:

AMOUNT DUE: \$800

**DELINQUENT FEE DUE IF Submitted More than 30 Days after License Expires: \$150**

### PART 1: Instructions for Renewal

- ⇒ The prefix assigned to your license number is 'ND'. This prefix is considered part of your license number; please use it on all correspondence.
- ⇒ You must pay the biennial license renewal fee if you wish to practice as a naturopathic doctor in California. Please return this form completed, signed and accompanied by the RENEWAL FEE of \$800. If you pay your renewal more than 30 days after it has expired, please submit a DELINQUENT FEE of \$150 along with the renewal fee for TOTAL FEES of \$950.
- ⇒ If you fail to renew your license by the expiration date, it will become delinquent. **YOU MAY NOT PRACTICE WITH A DELINQUENT LICENSE IN CALIFORNIA.** A delinquent license can be reinstated within a period of three years after its expiration upon payment of accrued renewal fees, delinquency fees and certification that you have not been convicted of a crime or disciplined by another public agency during the preceding renewal period.
- ⇒ You must certify in Part 2 whether or not you have been convicted of a crime or disciplined by another public agency during the preceding renewal period.
- ⇒ The Bureau must be able to provide an Address of Record to the public; you must complete Part 2, C. In addition, each licensee or certificate holder shall notify the Bureau in writing within 14 days of any changes in his or her mailing address, street address, or address of record. Forms are available at on our website at <http://www.naturopathic.ca.gov/>
- ⇒ Completion of continuing education hours is not required for the first renewal cycle. However, thereafter, you are required to certify that you have completed 60 hours of approved continuing education hours in the preceding renewal period. See attached form ND-126 "Certification of Continuing Education" for information and to certify continuing education hours. Additional forms available on our website at <http://www.naturopathic.ca.gov/>.
- ⇒ A licensee requesting INACTIVE status must be in good standing and shall submit a written request for an inactive license to the Bureau at its principal office. Inactive and active licenses are renewed at the same time and the RENEWAL FEE IS THE SAME. The required form is available on our website at <http://www.naturopathic.ca.gov/>.

### PART 2: Naturopathic Doctor's Renewal Application

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(c)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

A. **Social Security Number:**      \_ \_ \_ - \_ \_ - \_ \_ \_ \_

B. **Certification of Conviction**

Since your initial license or last renewal, have you:

1. been convicted of, or pled guilty or nolo contendere to any violation of any law of any state, the United States, or a foreign country or had any conviction that has been dismissed under Section 1203.4 of the Penal Code (except for traffic infractions) or
2. had any disciplinary action (excluding citations and fines) taken against you by any licensing/regulatory agency in this or any other state?

☐ No      ☐ Yes

If **Yes**, please explain on a separate sheet of paper and include dates, charge/violation, location of board/bureau/court, and penalty or disposition.

C. **Complete Contact Information:**

a. <b>PUBLIC ADDRESS OF RECORD:</b> Street Address or P.O. Box (If P.O. Box, you must complete 6c below.)			
City	County	State/Country	Zip Code
b. <b>MAILING ADDRESS:</b> Street Address or P.O. Box			
City	County	State/Country	Zip Code
c. <b>STREET ADDRESS:</b> (You must provide if a P.O. Box is used in 6a.)			
City	County	State/Country	Zip Code
d. <b>PHONE NUMBERS:</b> (with Area Code)			
BUSINESS	CELL	HOME	
e. <b>E-MAIL ADDRESS:</b>			

*I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect, and that misstatements, or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.*

D. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# CONTINUING EDUCATION CERTIFICATION REQUIREMENTS

**IF THIS IS YOUR 2<sup>ND</sup> OR LATER RENEWAL**, renewal licensing is dependent on completion of statutorily required continuing education. Please complete and return this form to the above address.

## Continuing education requirements, Business and Professions Code Section 3635:

1. At least 20 hours in pharmacotherapeutics.
2. No more than 15 hours may be in naturopathic medical journals or osteopathic or allopathic medical journals, or audio or videotaped presentations, slides, programmed instruction, or computer-assisted instruction or preceptorships.
3. No more than 20 hours may be in any single topic.
4. No more than 15 hours of the continuing education requirements for the specialty certificate in naturopathic childbirth attendance shall apply to the 60 hours of continuing education requirement.

*The continuing education requirements may be met through continuing education courses approved by:*

- a) *The California Naturopathic Doctors Association*
- b) *The American Association of Naturopathic Physicians*
- c) *The Medical Board of California*
- d) *The California State Board of Pharmacy*
- e) *The State Board of Chiropractic Examiners*
- f) *Other courses approved by the Bureau*

## CERTIFICATION:

I certify that I have completed the required continuing education requirements as stated above:

Yes ☐ No ☐

List all qualifying courses below. List additional courses on the back of this form.

NAME OF COURSE	DATE COMPLETED	NUMBER OF HOURS	SCHOOL or PROVIDER

Name: \_\_\_\_\_ Lic. #: ND-\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_